

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		1				
16		1				
17		2				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
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43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	4		4		4	
TOTAL DEP.	50		50		50	
TOTAL CLAIMS	54		54		54	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
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53		1				
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97						
98						
99						
100						
TOTAL IND.	4		4		4	
TOTAL DEP.	50		50		50	
TOTAL CLAIMS	54		54		54	